

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043005

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149
FILED NOV 16 1962

Primary Registration District No.

1002

Registrar's No.

5581

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 38 yrs.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity-Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 1311 Summit Street	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FRED WEISBROD			4. DATE OF DEATH Month Day Year November 1, 1962		
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/16/1891	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver		10b. KIND OF BUSINESS OR INDUSTRY Yellow Cab Co.		11. BIRTHPLACE (City and state or country) Pittsburg, Kansas, U.S.A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME George Weisbrod		13b. MOTHER'S MAIDEN NAME Ada Nicholson	
14. NAME OF HUSBAND OR WIFE Ethel Weisbrod		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Pre-Need Contract	
17. INFORMANT Pre-Need Contract		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arterial hypertension DUE TO (c) > 1 year		INTERVAL BETWEEN ONSET AND DEATH 1 day	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from May 1960 to Nov 1, 1962 and last saw him alive on Nov 1, 1962	
Death occurred at 12:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) C. Lawrence Johnson, M.D.		22b. ADDRESS 1316 Professional Bldg		22c. DATE SIGNED Nov 2 '62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Nov 5, 1962		23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons	
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		23e. DATE RECD. BY LOCAL REG. 11-2-62		23f. REGISTRAR'S SIGNATURE P. Ruth Long	

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Laurence Johnson, M.D.

H. C. Lawrence
1316 Proffersville Road
2:30 - 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ernest M. Kung*

Licensed Embalmer No. 3566

P. O. Address H. C. Lawrence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.